

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031146

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 395 Primary Registration District No. 4281 Registrar's No. 18

FILED AUG 9 1963

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Wright | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wright | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Vanburen Township | | c. CITY OR TOWN Hartville | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route #3 | | d. STREET ADDRESS (If outside, give location) Route #3 | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) GUY K. RIPPEE | | 4. DATE OF DEATH Month 8 Day 1 Year 1963 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 41 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY Farmer | 11. BIRTHPLACE (City and state or country) Wright County, Mo. |
| 13a. FATHER'S NAME Homer C. Rippee | | 13b. MOTHER'S MAIDEN NAME Grace Carter | 14. NAME OF HUSBAND OR WIFE Single |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) | | 17. INFORMANT Mrs. Grace Rippee, | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion | | | INTERVAL BETWEEN ONSET AND DEATH A few days |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | PART III. If deceased was female was there a pregnancy in last 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour s.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from July 28 , to August 1, 1963 and last saw him alive on August 1, 1963 Death occurred at 11:00 P. M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) R. W. [Signature] | | 22b. ADDRESS Mtn. Grove, Mo. | 22c. DATE SIGNED 8-3-63 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 8-4-63 | 23c. NAME OF CEMETERY OR CREMATORY Green Mountain Cemetery | 23d. LOCATION (City, town, or county) (State) Mtn. Grove, Mo. |
| 24. FUNERAL DIRECTOR BARBER FUNERAL HOME | | 25. DATE RECD. BY LOCAL REG. 8-8-1963 | 26. REGISTRAR'S SIGNATURE Bonnie J. Jones |

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

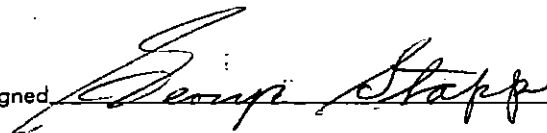
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 3161

P. O. Address

Mrs. E. E. Stapp, Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.